

## PROGRESS REPORT DUE DATES

Cumulative Progress Report Schedule and Coverage		
Date Progress Report Due to DEPARTMENT		Grant Period Covered by Progress Report
First Reporting Period Progress Report:	October 15, 2010	July 1, 2010 thru September 30, 2010
Second Reporting Period Progress Report:	January 15, 2011	July 1, 2010 thru December 31, 2010
Third Reporting Period Progress Report:	April 15, 2011	July 1, 2010 thru March 31, 2011
Final Reporting Period Progress Report:	July 15, 2011	July 1, 2010 thru June 30, 2011

The PCRH reserves the right to request additional information and/or corrections to the Progress Reports *before* GRANT payments are authorized. The Progress Reports may be submitted by the following method:

Hard copies will be accepted as meeting the deadline if they are received through the U.S. mail on the date they are due. The mailing address is:

**Office of Primary Care and Rural Health  
Utah Department of Health  
P.O. Box 142005  
Salt Lake City, Utah 84114-2005**

Hard copies will be accepted as meeting the deadline if they are received through a non-U.S. Mail package system or hand delivered to PCRH by 5:00 p.m. on the due date. The street address is:

**Office of Primary Care and Rural Health  
Utah Department of Health  
3760 South Highland Drive, Suite 404  
Salt Lake City, Utah 84106**

## PENALTIES

A penalty of \$100.00 per work day may be assessed for late or incomplete Progress Reports. A penalty of \$150.00 per work day may be assessed for a late or incomplete Final Progress Report (due no later than July 15, 2011). The penalty may be assessed until a complete, accurate report has been submitted and approved. It must contain ***all*** the information specified in these Progress Report Instructions and Tables including the identifying information, financial information, all the narrative information required for that reporting period, and correct statistical tables. If GRANTEE funds have already been expended, these penalties may be applied to future grant awards given to a GRANTEE under the State Primary Care Grants Program.

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Please remember that information on the Progress Report is required and must be submitted in one (1) complete packet.

1 "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

2 "Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2010 through June 30, 2011.

2010-2011 State Primary Care Grants Program  
Progress Reports Instructions and Tables, and as amended  
**Cumulative Progress Reports - State Primary Care Grants Program**  
Office of Primary Care and Rural Health, Utah Department of Health

Attachment F  
Page 2 of 4

Name of Grantee \_\_\_\_\_

Name of Grant: 2010-2011 State Primary Care Grant Program \_\_\_\_\_

Name of individual responsible for completing this report \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

| Please Check ONLY One (1) Box:                      | Reporting Period Covered by This Progress Report: |
|-----------------------------------------------------|---------------------------------------------------|
| Due Date: October 15, 2010 <input type="checkbox"/> | July 1, 2010 through September 30, 2010           |
| Due Date: January 15, 2011 <input type="checkbox"/> | July 1, 2010 through December 31, 2010            |
| Due Date: April 15, 2011 <input type="checkbox"/>   | July 1, 2010 through March 31, 2011               |
| Due Date: July 15, 2011 <input type="checkbox"/>    | July 1, 2010 through June 30, 2011                |
| Other Due Date: <input type="checkbox"/>            | Please List Reporting Period:                     |

**1. Encounter<sup>1</sup> information**

Include only Encounters that were Funded by 2010-2011 State Primary Care Grants Program Funding. Do Not include Encounters that were Not Funded with 2010-2011 State Primary Care Grants Program Funding.

| Baseline Data for Your Agency                                                       |                                                                                      | Primary Care Grant Encounters                                                               |                                                                                                  |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Total number of encounters <sup>1</sup> for your "Agency's" most recent fiscal year | Projected total number of patient encounters <sup>1</sup> for the primary care grant | Total number of primary care grant patient encounters <sup>1</sup> for the Reporting Period | Number of <b>new</b> primary care grant patient encounters <sup>1</sup> for the Reporting Period |
|                                                                                     |                                                                                      |                                                                                             |                                                                                                  |

**For the Tables 2 through 5, Please Use Actual Figures, or Best Estimates of Users Funded by the Grant**

**2. Users<sup>2</sup> by Age**

Include only Users who Received Services that were Funded by 2010-2011 State Primary Care Grants Program Funding. Do Not include Users that were Provided Services that were Not Funded with 2010-2011 State Primary Care Grants Program Funding.

| Age Groups                     | Number of Users <sup>2</sup> |
|--------------------------------|------------------------------|
| 0 - 19                         |                              |
| 20 - 64                        |                              |
| 65 and over                    |                              |
| <b>Total Users<sup>2</sup></b> |                              |

<sup>1</sup> "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

<sup>2</sup> "Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2010 through June 30, 2011.

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Page 3 of 4

Name of Grantee \_\_\_\_\_

Name of Grant: 2010-2011 State Primary Care Grant Program \_\_\_\_\_

Name of individual responsible for completing this report \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**3. Users <sup>2</sup> by Income Level**

Include only Users who Received Services that were Funded by 2010-2011 State Primary Care Grants Program Funding. Do Not include Users that were Provided Services that were Not Funded with 2010-2011 State Primary Care Grants Program Funding.

| Percent of Poverty Level        | Number of Users <sup>2</sup> |
|---------------------------------|------------------------------|
| 100% and below                  |                              |
| 101 - 200%                      |                              |
| Above 200%                      |                              |
| Unreported/unknown              |                              |
| <b>Total Users <sup>2</sup></b> |                              |

**4. Total Users <sup>2</sup> by Insurance Status**

Include only Users who Received Services that were Funded by 2010-2011 State Primary Care Grants Program Funding. Do Not include Users that were Provided Services that were Not Funded with 2010-2011 State Primary Care Grants Program Funding.

| Number Users <sup>2</sup> Uninsured | Number Users <sup>2</sup> Underinsured |
|-------------------------------------|----------------------------------------|
|                                     |                                        |

**5. Users <sup>2</sup> by Race/Ethnicity**

Include only Users who Received Services that were Funded by 2010-2011 State Primary Care Grants Program Funding. Do Not include Users that were Provided Services that were Not Funded with 2010-2011 State Primary Care Grants Program Funding.

| Race/Ethnicity                            | Number of Users <sup>2</sup> |
|-------------------------------------------|------------------------------|
| Asian                                     |                              |
| American Indian or Alaska Native          |                              |
| Black or African American                 |                              |
| Native Hawaiian or Other Pacific Islander |                              |
| White                                     |                              |
| Hispanic or Latino                        |                              |
| Other                                     |                              |
| Unreported or Unknown                     |                              |
| <b>Total Users <sup>2</sup></b>           |                              |

2 "Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2010 through June 30, 2011.

